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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NONE* *JS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE* *JS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY LA	SHEETS DRAWING 0	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 10
Verified and Acknowledged	<i>James A. Herron</i> Examiner's Signature	<i>JS</i> Initials			

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TITLE  
 Treatment of ocular disease

FILING FEE  RECEIVED 849	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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